Case 18-10469-MBK Doc 70 Filed 04/06/21 Entered 04/06/21 13:25:57 Desc Main Document Page 1 of 7

ation to identify your	case:	
David P Comisky		
First Name	Middle Name	Last Name
First Name	Middle Name	Last Name
kruptcy Court for the:	DISTRICT OF NEW JERSEY	
8-10469		
	David P Comisky First Name	David P Comisky  First Name Middle Name  First Name Middle Name  DISTRICT OF NEW JERSEY

■ Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

info	is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	Summarize Your Assets		
		Your a	essets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	280,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	146,970.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	426,970.00
Par	t 2: Summarize Your Liabilities		
			iabilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	242,044.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	36,679.00
	Your total liabilities	\$	278,723.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	7,274.59
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	6,327.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules	box and s	submit this form to

the court with your other schedules.

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Debtor 1 David P Comisky Case number (if known) 18-10469

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.

\$\_\_\_\_\_\_9,572.83

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clain	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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Fill in this information	to identify your case:	
Debtor 1	David P Comisky	
Debtor 2 (Spouse, if filing)		
United States Bankru	ptcy Court for the: DISTRICT OF NEW JERSEY	
	3-10469	Check if this is:
(If known)		■ An amended filing □ A supplement showing postpetition chapter
		13 income as of the following date:
Official Form		MM / DD/ YYYY

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Empleyment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	IT Support	School Nurse
	Include part-time, seasonal, or self-employed work.	Employer's name	Arthur J. Gallagher Service Company	Peddie School
	Occupation may include student or homemaker, if it applies.	Employer's address	2850 West Golf Road Rolling Meadows, IL 60008	201 South Main Street Hightstown, NJ 08520-1010
		How long employed th	nere?	

**Give Details About Monthly Income** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 5,195.28 6,807.78 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 6,807.78 5,195.28

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	David P Comisky	-	C	ase	number (if known)	18-10	)469		
					For	Debtor 1		Debtor	· 2 or spouse	
	Cop	by line 4 here	4.		\$	6,807.78	\$		,195.28	
5.	List	all payroll deductions:								
٥.	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	1,384.10	\$		990.15	
	5b.	Mandatory contributions for retirement plans	5b		<u>\$</u> —	0.00	\$_		0.00	•
	5c.	Voluntary contributions for retirement plans	5c	<b>)</b> .	\$_	338.92	\$		300.00	
	5d.	Required repayments of retirement fund loans	5d	i.	\$_	0.00	\$		0.00	•
	5e.	Insurance	5e	€.	\$	979.98	\$		80.00	
	5f.	Domestic support obligations	5f.		\$_	0.00	\$		0.00	
	5g.	Union dues	5g	,	\$	0.00	\$		0.00	-
	5h.	Other deductions. Specify: Health Savings Account	_ 5n	1.+	\$	697.90	+ \$		0.00	
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	3,400.90	\$	1	,370.15	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,406.88	\$	3	,825.13	
8.	List 8a.	t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a	<b>a</b> .	\$	0.00	\$		0.00	
	8b.	Interest and dividends	8b	).	\$_	0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	<b>)</b> .	\$	0.00	\$		0.00	
	8d.		8d	i.	\$	0.00	\$		0.00	•
	8e.	Social Security	8e	€.	\$_	0.00	\$		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	-	\$	0.00	\$		0.00	
	8g.	Pension or retirement income	8g	J.	\$_	0.00	\$		0.00	
	8h.	Other monthly income. Specify: Tax Refund 1/12	_ 8h	1.+	\$	42.58	+ \$		0.00	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	;	42.58	\$		0.00	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		3,449.46 + \$	2 0	25.13	= \$	7,274.59
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		5,449.40 T	3,0	23.13	- 4	1,214.59
11.	Star Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not excify:	depe						e J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certain lies						12.	\$	7,274.59
13.	Do	you expect an increase or decrease within the year after you file this form No.	?						Combir monthly	ned y income
		Ves Fundais								

Official Form 106l Schedule I: Your Income page 2

Filli	n this informa	tion to identify yo	our case:			I		
Debt		David P Com				Chec	k if this is:	
					_		An amended filing	
Debt								ving postpetition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unite	ed States Bankr	uptcy Court for the	: DISTRI	CT OF NEW JERSEY		_	MM / DD / YYYY	
	e number 18	3-10469						
Of	ficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	ises				12/15
Be a info nun	as complete a rmation. If m nber (if know	and accurate as ore space is ne n). Answer ever	possible eded, atta y questio	. If two married people a ich another sheet to this				
Part 1.	Is this a join	ibe Your House it case?	hold					
	■ No. Go to	line 2.	in a separ	ate household?				
	□N	0	·	al Form 106J-2, <i>Expense</i>	s for Separate House	ehold of Deb	or 2	
2								
2.	•	e dependents?	□ No	=======================================				
	Do not list Do Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the			_			□ No
	dependents	names.			Son		16	Yes
					Son		19	□ No ■ Yes
								■ res □ No
								☐ Yes
							-	□ No
								☐ Yes
3.	, ,	enses include f people other t	han	No				
	yourself and	d your depende	nts? □	Yes				
Part	2: Estim	ate Your Ongoi	ng Month	ly Expenses				
exp				uptcy filing date unless y y is filed. If this is a sup				
				government assistance cluded it on Schedule I:				
	icial Form 10		u nave m	duded it on <i>Schedule I.</i>	Tour income		Your exp	enses
4.		or home owners and any rent for the		ses for your residence. or lot.	Include first mortgage	e 4. \$		1,800.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00
		•		upkeep expenses		4c. \$		150.00
_		owner's associat				4d. \$		0.00
5.	Additional n	nortgage payme	ents for yo	<b>our residence,</b> such as ho	ome equity loans	5. \$		0.00

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Debtor 1	David P Comisky	Case num	ber (if known)	18-10469
6. <b>Util</b>	ities:			
6a.	Electricity, heat, natural gas	6a.	\$	300.00
6b.	Water, sewer, garbage collection	6b.	\$	80.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	225.00
6d.	Other. Specify: Cell Phone	6d.	\$	200.00
7. <b>Fo</b> c	od and housekeeping supplies	7.	\$	860.00
8. <b>Chi</b>	Idcare and children's education costs	8.	\$	400.00
9. <b>Clo</b>	thing, laundry, and dry cleaning	9.	\$	200.00
10. <b>Per</b>	sonal care products and services	10.	\$	200.00
	dical and dental expenses	11.	\$	100.00
12. <b>Tra</b>	nsportation. Include gas, maintenance, bus or train fare.			<del></del>
	not include car payments.	12.	\$	600.00
13. <b>Ent</b>	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	200.00
4. Cha	aritable contributions and religious donations	14.	\$	0.00
5. <b>Ins</b> i	urance.			
	not include insurance deducted from your pay or included in lines 4 or 20.			
15a	. Life insurance	15a.	\$	150.00
15b	. Health insurance	15b.	\$	0.00
15c	. Vehicle insurance	15c.	\$	532.00
15d	. Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	ecify:	16.	\$	0.00
	tallment or lease payments:		_	
	. Car payments for Vehicle 1	17a.	·	330.00
	. Car payments for Vehicle 2	17b.	·	0.00
	. Other. Specify:	17c.	·	0.00
17d	. Other. Specify:	17d.	\$	0.00
	ir payments of alimony, maintenance, and support that you did not report a		Φ.	0.00
	lucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	. 18.		
	er payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Sch			0.00
	Mortgages on other property	20a.	· -	0.00
	. Real estate taxes	20b.	·	0.00
	. Property, homeowner's, or renter's insurance	20c.	·	0.00
	. Maintenance, repair, and upkeep expenses	20d.		0.00
20e	. Homeowner's association or condominium dues	20e.		0.00
1. <b>O</b> th	er: Specify:	21.	+\$	0.00
2. <b>Cal</b>	culate your monthly expenses			
	. Add lines 4 through 21.		\$	6,327.00
	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		Φ	6,327.00
			Φ	
22c	. Add line 22a and 22b. The result is your monthly expenses.		\$	6,327.00
3. Cal	culate your monthly net income.			
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,274.59
	Copy your monthly expenses from line 22c above.	23b.	·	6,327.00
200		200.		
23c	. Subtract your monthly expenses from your monthly income.			
	The result is your <i>monthly net income</i> .	23c.	\$	947.59
For mod	you expect an increase or decrease in your expenses within the year after y example, do you expect to finish paying for your car loan within the year or do you expect you lification to the terms of your mortgage?			ease or decrease because of a
1 =				
⊔,	Yes. Explain here:			

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Fill in this infor	rmation to identify your	case:		
Debtor 1	David P Comisky			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	18-10469			
(if known)	10 10 10 10 10 10 10 10 10 10 10 10 10 1			■ Check if this is an amended filing

### Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is	NOT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have hat they are true and correct.  X /s/ David P Comisky David P Comisky	x Signature of Debtor 2